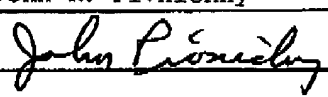


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Vijay Seetharaman et al.			JP920000314US1
Serial No. 09/966,131	Filing Date 09/27/2001	Examiner Boris Pesin	Group Art Unit 2174
Invention: CONTEXT BASED VIEW DESIGN TO SUPPORT CLIENT SIDE MULTI-THREADING			
I hereby certify that this _____ <u>Authorization to Act in a Representative Capacity, Cert. of Facsimile</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u> ) on <u>08/V04</u> (Date)			RECEIVED CENTRAL FAX CENTER AUG 11 2004
			OFFICIAL
			Colleen Bulman (Typed or Printed Name of Person Signing Certificate)
			<u>Colleen Bulman</u> (Signature)
Note: Each paper must have its own certificate of mailing.			

Sample Form (03-04)

**AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY**

In re Application of: Vijay Seetharaman et al							
Application No. 09/966,131							
Filed: 09/27/2001							
Title: CONTEXT BASED VIEW DESIGN TO SUPPORT CLIENT SIDE MULTI-THREADING							
Attorney Docket No. JP920000314US1		Art Unit 2174					
<p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr> <td>Jack Friedman Schmeiser, Olsen, and Watts 3 Lear Jet Lane, Suite 201 Latham, NY 12110</td> <td>44,688</td> </tr> </tbody> </table>				Name	Registration Number	Jack Friedman Schmeiser, Olsen, and Watts 3 Lear Jet Lane, Suite 201 Latham, NY 12110	44,688
Name	Registration Number						
Jack Friedman Schmeiser, Olsen, and Watts 3 Lear Jet Lane, Suite 201 Latham, NY 12110	44,688						
<p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p>							
SIGNATURE of Practitioner of Record							
Name	John R. Pivnichny						
Signature		Date	08/11/04				
Registration Number	43,001	Telephone	607-429-4358				

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.